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ABSTRACT

A survey of fourteen southern states was conducted to determine what staff training programs were being carried out in mental health agencies in that region. On-site surveys of the existing administrative and programmatic arrangements for staff development were made and comments of both program directors and training officers were gathered concerning the way they felt staff development should be managed. Analysis of the program surveys showed that nearly all programs had been conducted by and for single professional disciplines, including very little multi- or interdisciplinary training in any of the states. Discussion of training concerns with state commissioners revealed that programs have been primarily sensitive to the needs and values of the individual disciplines rather than to the objectives and goals of mental health or mental retardation programs. Several commissioners also expressed the need to give state level attention to career patterns for staff persons in their departments. This report of the survey and resulting recommendations is presented in four major areas: background and present patterns of coordinating training or staff development (includes descriptions of the types of training programs, patterns of training coordination, alternative objectives, and alternative managerial philosophies of state mental health agencies), functions of a staff development office, use of staff development as a management tool, and the office of staff development (includes organizational position, relationships with the larger agency and other agencies, and staffing). (SH)

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THE OFFICE OF STAFF DEVELOPMENT

In a State Mental Health Agency

by

Harold L. McPheeters

March, 1972

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INTRODUCTION

Over the past several years the Mental Health Program of the Southern Regional Education Board has been concerned with stimulating and improving mental health training in 14 of the Southern States. The SREB has conducted several projects concerned with isolated parts of the state mental health departments' training programs such as the Attendant Training Project, the Psychiatric Nursing Project that worked with the affiliate programs of diploma schools of nursing, and a study of state supported psychiatric residency training. However, there has never been a hard look at the full scope of the staff development (or training) operation of the state mental health and mental retardation programs.

During the past year, the Continuing Education Opportunities for Mental Health Personnel Project (supported by NIMH Grant No. 11668) has taken a systematic look at staff development as it presently exists throughout the region. This involved a survey to determine what training programs are being carried out in the states. Members of the CEO Conference made on-site surveys of the existing administrative and

programmatic arrangements for staff development, and the comments of both program directors and training officers on the way they felt staff development should be managed.

Analysis of the survey of various programs in the Southern states up to now showed that nearly all programs have been conducted by and for single professional disciplines. There has been very little multi- or interdisciplinary training in any of the states.

In addition, from a discussion of training concerns with the state commissioners it was apparent that these training programs have been primarily sensitive to the needs and values of the individual disciplines rather than to the objectives and goals of the mental health or mental retardation programs. The state directors made a plea to find ways to make training more inter- or multidisciplinary and to encourage training programs to be more concerned with the needs of clients and the goals of the program rather than with their individual professional disciplines and procedures.

Several commissioners have also expressed the need to give state level attention to career patterns for staff persons in their departments. They recognize the personal needs of workers as well as of the department as a whole to have career development programs that include training so that workers can find advancement opportunities within the system and so that the department itself will continue to have some depth of competent

and experienced leaders and staff.

This report is the summary of the CEO Conference's regional survey and recommendations. We believe the report comes at an appropriate time--throughout the region there is a recently awakened awareness of the scope of training commitments by the states. In some states training represents nearly 20 percent of the program's budget when it is all pulled together. Furthermore, several states have either just recently employed a staff development officer or are about to do so. In all of these cases, both the key leaders of the programs and the persons who are employed in the new staff development offices are seeking guidance about how to organize and structure the functions of the new office for maximum impact.

It is not possible--much less, desirable--to set forth hard and fast rules or guidelines that would be practical to use in all agencies or departments, but we hope this report will stimulate ideas and be of help to people planning new staff development offices or who are restructuring present staff development programs for departments or divisions of mental health and mental retardation or the umbrella agencies in which some of them are located.

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BACKGROUND AND PRESENT PATTERNS OF COORDINATING TRAINING OR STAFF DEVELOPMENT

The state departments of mental health and mental retardation in 14 of the Southern states have all had a range of training programs or staff development programs for which they have had ultimate responsibility.

Most of these training programs were developed in bits and pieces over the years. Sometimes they were set up by a single institution such as the mental hospital or school for the retarded, sometimes by a professional consultant such as the nursing consultant or the social work consultant, and sometimes by a commissioner of the department. Many of them have continued throughout the years without much further surveillance of how effective the programs are in meeting the department's needs or whether they are still needed at all. Unless there are some specific problems relative to a single training program, these training programs are likely to continue along much as they began. Very few departments of mental health have had an overall training office or staff development office to coordinate and oversee all of the

departmental staff development activities.

Training of staff has been defined as one of the goals of most of the departments or divisions, and in several states the departments of mental health have urged the legislature to allow the department to allocate five percent of its operating budget to training. A few states are beginning to examine their staff development programs and to assign responsibility for overall coordination of staff development within the department. No one had ever before added up the costs of all of the scattered pieces and bits of activities, and some departments have been surprised to realize that staff development already consumes from 7 to 15 percent of their operating budgets. There are few other programs of a department of mental health that make up such a large percentage of the budget with so little systematic attention paid to it.

Most state departments have never really conceptualized the full scope of training or staff development commitments of the agency. Among the pieces to be considered are these: (These are not universally agreed upon definitions. In some definitions, items 1 and 2 would be considered "basic training," while items 3 through 6 would be considered "continuing education.")

1. Formal professional training for which:

   a) the department supplies stipends (such as stipends for social work training or psychology training)

   b) formal training programs are conducted by the department (such as psychiatric residency training)

2. Clinical affiliation programs for formal training programs that are primarily based in educational institutions (such as social work field placements, psychology practicum training or the clinical programs for various levels of nursing education, mental health technology, clinical chaplain training)

3. Orientation programs for all new employees to the philosophies, objectives, policies and procedures of the department

4. In-service education for basic working skills, especially for entry level employees who come to work with no specific job skills (such as psychiatric aides, attendants for the mentally retarded, recreational and occupational therapy aides and many dietary and housekeeping aides. In some situations adult basic education programs and human relations training programs would also be included.)

5. Continuing education to increase and up-date the competence of existing staff:

   a) programs conducted by agency staff persons for other staff persons (such as short-term programs in behavior modification, family therapy or psychopharmacology; or a lecture series, training workshops and department-wide training conferences)

   b) programs conducted by outside agencies for agency personnel (such as programs in administration and supervision offered by state civil service departments for mental health personnel or programs offered by universities or professional associations, or health department programs in sanitation and safety, etc.)

   c) programs conducted by departmental personnel for community caretakers (such as programs for community clergymen conducted by a hospital chaplain or programs for agency social workers regarding mental retardation by the staff of a retardation center)

6. Programs of organizational and management development--these may be broken into:

   a) management development (this involves developing

depth and competence in management and supervision)

b) development and promulgation of new objectives and goals for programs of the department

c) training to change the system of delivery of services (such as implementing geographic unit systems, initiating open hospitals, bringing about desegregation, etc.)

Present Patterns of Training or Staff Development Coordination

Virtually all of the 14 states presently have a wide range of training programs of all of the kinds listed previously. Ten of the states have psychiatric residency training programs; eight offer social work stipends; all have nursing students doing clinical work in hospitals; all have psychiatric aide training and attendant training programs; nearly all have some kind of orientation program for new employees; all states have a range of continuing education programs.

The patterns for coordinating and administering all of these programs vary greatly. In most states there is no one with overall responsibility for all of these training programs except the commissioner or director of the entire mental health or mental retardation program. Only three states presently have an office of manpower and training or staff development that seems to have an overall view and concern for training throughout the department.

In a few states there is a position called Director of Training (or something similar), but a close look reveals that

this person has responsibility for only a narrow segment of training such as only psychiatric residency training or only professional training. Far more common is to have the responsibility for various training programs widely scattered throughout the department. Sometimes the various professional consultants (the social work consultant, the clinical psychology consultant, the nursing consultant) at the departmental level have responsibility for the education and training carried out in relation to their specialties. At other times the responsibility for training is delegated to the superintendents of individual institutions. This is especially likely to be the case in states that have special institutes or centers which have been established for mental health or mental retardation training and research. There have been many problems in the administration of these institutes and centers, but their training programs are usually left to the discretion of their own directors for setting policy, administration and programming until serious trouble arises, at which time the commissioner must get involved until the crisis is settled.

The result of this diversity of responsibility for training activities is that the states seem to be receiving something less than full efficiency from their training dollars. There usually are few, if any, overall training policies. Programs in different professions or the same programs in different institutions may have opposing policies and procedures. Programs often continue

for years without review or evaluation. Resources and facilities are sometimes duplicated or underused. Badly needed programs are sometimes held in abeyance while other programs of little consequence continue along.

Nearly all of this could be improved if there were a state level staff office with the responsibility for providing surveillance, assistance and coordination for all of the many training and staff development activities of the state's mental health or mental retardation program.

Alternative Objectives for a Staff Development or Training Office

The leaders of the state mental health or mental retardation program will want to consider the objectives for their staff development office:

1. In several states the objectives are defined as "to improve the quality and quantity of professional workers in the agency." These programs concern themselves primarily with only the professional training programs--the professional affiliate programs and the continuing education programs for professionals.

2. Other programs state as their objectives "to improve the technical and clinical performance of all employees." These programs then concern themselves with in-service education, orientation programs and continuing education for all employees.

3. More recently some program directors have set objectives for staff development to "assist the organization to set its objectives, programs and procedures and to bring the organization's performance into line with these objectives." At this level staff development becomes concerned with far more than just traditional training and moves to becoming a major management tool. Organizational development and helping in the implementation of policies and procedures then become major staff development concerns. This level

of objective has particularly serious implications for the kind of staffing needed and for the organizational position within the agency.

Alternative Managerial Philosophies of the State Mental Health or Mental Retardation Agency

Whether a state mental health or mental retardation agency has a staff development office and how it uses such an office depends in large measure on the managerial philosophy of the state program. In some states the central office and the director are viewed as largely a "holding company" operation to transmit budget and personnel requests to the central departments of administration and personnel and to the legislature, but it has no real managerial role relative to the mental hospitals, schools for the retarded, mental health or mental retardation centers, etc. The operating units then function autonomously, each setting its own goals, programs and procedures.

On the other hand, in some states the director and the central office are perceived to be very much responsible for offering leadership in planning, program development, coordination and evaluation of the operating programs within the agency as well as providing the "outside" contacts of the agency with the rest of state government, the general public, lay associations, etc. This does not imply that such leadership is authoritarian--it may well be a strong participatory management kind of operation, but it is a much more aggressive philosophy of management and leadership within the organization.

In the states that have a laissez-faire philosophy toward their program operations there will probably be no staff development office, or at most there will be a training officer concerned with formal professional training programs of the agency as a whole. In the states that have a more aggressive managerial philosophy there will be interest in having a strong staff development office that is involved in both program planning and implementation to assure that training is used as a major management tool.

FUNCTIONS OF A STAFF DEVELOPMENT OFFICE

The survey attempted to define the functions that a staff development office might be assigned. The following list of functions may be applied to any or all of the areas of training that were listed previously:

1. Formal professional training
2. Clinical affiliations for professional training
3. Orientation programs
4. In-service education programs
5. Continuing education programs
6. Organization and management development

Among the functions of a staff development office are:

1. Continuous assessing of the manpower needs for training--Sometimes a need is glaringly apparent, but more often this is not the case. The need may be to identify the required knowledge and skills. For example, many institutions have sensed a need for advanced training for psychiatric aides or attendants, but such programs have seldom developed because there has been no good way to assess just what knowledge and skills they need.

   This assessing function also applies to continuing surveillance of manpower needs. As an example, several states, in response to assessments of need, set up social work training stipends some years ago;

two states that have long had stipend programs for social work education are now terminating these programs. They find there are now sufficient master's degree social workers available in those states so that the state department can hire all the social workers it needs without supporting basic education in social work. This will vary from state to state.

2. Planning or assisting in planning of training programs-- The staff development office should have the knowledge of training concepts and approaches, educational resources, etc., to help in curriculum development, making contacts with universities, colleges, technical schools, etc., to develop appropriate training programs.

3. Coordinating training programs-- This involves everything from arranging the scheduling of visiting lecturers to coordinating work schedules and training schedules so that employees may avail themselves of training opportunities. The office helps make training programs available to as many staff employees as possible through announcements sent to all parts of the organization. The office arranges for educational programs to be multidisciplinary whenever possible and works toward developing core training programs when feasible.

4. Developing training policies--Within a large agency there is need for policies regarding training that can be clearly and widely understood. Such policies will not ordinarily be restrictive, but rather should be facilitating since employees will now know what they can count on. They include such matters as:

   a) what training programs will the agency support?

   b) for which kinds of employees?

   c) what benefits will be allowed (tuition, time off, scheduling assistance, maintenance, travel, etc.)?

   d) what are limitations (contracts, pay-back limitations, time in employment before eligibility, etc.)?

   e) what are sanctions and rewards (i.e., will promotions or job tenure be dependent on satisfactorily completing certain training programs?)

5. Developing and maintaining teaching resources-- This includes a range of responsibilities in certain states:

   a) staff and patient libraries to assure that they have up-to-date and appropriate books, journals, etc.

   b) purchase and care of movies and projectors, videotape equipment, audiotape machines, etc. Telecommunications systems and technicians would also be included here.

   c) purchase or rental of films, videotapes and maintenance of film libraries or major liaison with such libraries if operated by another agency such as a health department

   d) plan and design of classrooms, laboratories, conference rooms, auditoriums, observation and videotape rooms, etc., used for teaching

   e) preparation of audiovisual aids,slides, tables, charts, models, tapes, films, etc., for all of the agency

6. Enhancing the quality of instruction-- Much of the teaching in staff development programs is done by persons who are primarily practitioners with little knowledge of curriculum development, educational methods, etc. The staff development office may help this situation by:

   a) helping to arrange for competent instructors from nearby educational institutions when possible, at least as consultants

   b) arranging for workshops on curriculum development, adult learning theory, teaching methods, etc., for the persons throughout the agency who spend a good bit of time in teaching

   c) offering technical assistance to clinicians who are only occasional lecturers or instructors on how to be a better teacher

7. Assisting with evaluation--Most of the states claimed to want help with evaluation of their training programs. A staff development office can give assistance to any

particular training program in terms of such things as:

a) how well did the trainees learn what was expected of them?

b) how well are the trainees applying what they learned in program operations?

c) are the stated objectives meeting the needs?

d) how can the format, methods, instruction, etc., be improved to be more effective?

e) how can the program be made more efficient in terms of dollars, hours or numbers of trainees?

8. Arranging budgets and financing--This may involve a number of specific points:

a) helping to develop budgets for specific training programs; helping program directors to negotiate contracts for instruction and to make unusual fiscal arrangements.

b) stimulating and assisting staff persons from training programs to get grants such as Hospital In-Service grants, Public Service Career grants, New Careers grants. Sometimes this will involve writing new grant requests in the staff development office.

c) administering contracts and grants for individual trainees (stipends, tuition, enrollment fees, etc., for short-term continuing education programs)

d) developing and administering contracts for clinical affiliation programs with colleges and universities. Some states have developed standard contract forms for such agreements with a variety of training institutions so that all parties will know what to expect of each other regarding such matters as instructors, meals, books, offices, living quarters (if required), access to records, patients, buildings, etc.

9. Providing a liaison with other major outside agencies concerned with training-- This might include:

a) providing the major contact point for mental health

or mental retardation agencies with universities, colleges, technical schools, coordinating boards of higher education, state boards of education, etc., and knowing where to go in those systems for training resources and links to the agency

b) providing the major focus for contacts with federal training programs in such agencies as the National Institute of Mental Health, Social and Rehabilitation Services, Office of Education and the Department of Labor, and being aware of new programs, changing policies, etc., of those programs

c) providing the major liaison with the state's offices of personnel, administration and budget in matters of staff development

d) providing the agency's contact with other programs such as the state's civil service training programs or other special training opportunities of the health department, welfare department or other voluntary or proprietary organizations such as the Red Cross, YMCA or local hospitals. The staff development office might distribute announcements of such programs, recruit candidates and participate in planning programs to assure that the agency's interests will be well represented.

e) providing the agency's major contact with regional programs in continuing education and manpower development

USE OF STAFF DEVELOPMENT AS A MANAGEMENT TOOL

Until recently the staff development office was likely to be thought of as being concerned with only clinical training of professionals and middle and entry level workers. Now, however, many mental health and mental retardation program directors are using staff development as a major management tool to help set and carry out program objectives and to assure their fulfillment.

Many state mental health and mental retardation programs have either just undergone major program changes or are planning changes in the near future. These include setting up geographic unit systems, regionalizing the entire community and institutional program, developing individual treatment programs for all persons, restructuring the "team" to use mental health technicians and aides in more significant ways, introducing "reality orientation" and "attitude therapy," introducing behavior therapy to all operating units, desegregating institutions, and developing open hospitals.

These kinds of changes involve new policies, new philosophies, new objectives, new programs, new organizations and new skills. How does the leader of an organization bring about such changes? The traditional training function has concerned itself with only the

matter of clinical knowledge and skills, yet changes such as these must come about through people--people skilled in setting new directions, people skilled in planning and implementing program changes, people skilled in management and supervision of those with whom they work. This is not done by sending directives from topside.

More and more mental health and mental retardation program leaders are looking to staff development to help them develop the organizational climate and competence to make these major program changes. The field of leadership training is developing a whole new set of training approaches to deal with this need--sensitivity training, games, simulations and a new technique called "organizational development." In this process program leaders at all levels are helped to develop the philosophies, objectives and program plans for their own programs. It is a combination of training, self development and organizational development. The "case example" is from their own organization rather than some hypothetical case from the Harvard School of Business. They learn the skills of management and supervision as well as the skills of goal setting and program planning within their own shop. There are many technical approaches to this, including Key Factor Analysis and Management by Objectives, but it becomes "organizational development" when the learning and development take place within the context of one's own organization.

Staff development can play a major role in this management function, but to do so it must be high in the organization--at the level at which management decisions are being made so that it can feed in the training needs of the organization and move quickly to set up the appropriate management training mechanisms throughout the organization.

The staff development office may have responsibility for bringing in consultants in organization development--it may have such experts on its own staff--and scheduling the sessions for the management team of the agency and doing all of the leg work that is required.

Staff development might also take responsibility for bringing about an understanding of program objectives throughout the organization and quickly applying program oriented and training programs for key unit leaders and for staff persons in general. The precise format and methods to be used at each step will vary with the changes to be instituted, the scope of the system, etc., but staff development would become a major management tool in bringing about the administrative climate and competence for systems changes.

Staff development might also be responsible for arranging or conducting programs in supervision, management and program evaluation. Sometimes these programs are already available through the state merit system, but often they need to be expanded or applied within the mental health or mental retardation program in order to reach sufficient persons. In either case,

staff development would be the major unit of the agency to see to it that the staff persons who need this competence receive it.

Staff development may also be used to sharpen up program operations. This involves two steps: assessing problems and gaps in program operations and taking appropriate corrective action--especially if it is some kind of continuing education that is needed to sharpen the staff's performance.

There are many possible ways for a staff development office to sense and assess problems and gaps in program operations to assure that the program remains sensitive to patient and family needs and to program objectives. Among them are:

1. Talk with and observe patients and families. Visit the wards and cottages and observe what is taking place in patient care and services. In many institutional programs there are some defined standards regarding the quality of life for residents. These usually include cleanliness and repair of facilities, quality and attractiveness of meals and food service, privacy and dignity for residents in their living areas, bathrooms, etc., quality and style of clothing, grooming, etc. These can be observed for staff performance.

2. Statistics regarding admissions, deaths, releases, readmissions, kinds of treatment given, etc. Clinical records may be monitored for assessing how residents or clients are being served. The Peer Review or Utilization Review teams may be of assistance to staff development on this aspect.

3. Review all breakdowns and complaints. If staff development personnel review all complaints from families or clients and review all reports of accidents, injuries and breakdowns in performance, they will get indications of areas in which there are gaps and problems within the system. These gaps can then be brought to the attention of the full management team for decision regarding how to best improve the situation.

4. Monitor routine records of seclusion and restraint, pharmacy usage, menues, etc., to detect areas of deviation from agreed upon standards.

In some cases it will be apparent that there is need for a change in procedures or for additional resources, but very often the need is for some kind of continuing education to enhance the skills and knowledge of the staff.

The staff development office should have the competence to explore with the staff concerned what kinds of continuing education programs they feel will be most appropriate to help meet the goals already agreed upon, or to plan new program procedures altogether.

The staff development office might also be responsible for helping all managerial staff with program evaluation. Most program managers know very little about evaluation and the uses of evaluation data as a management tool to help them meet their program goals. Staff development programs can help managers to set program goals and to design simple data monitoring systems that help them know whether they are reaching those goals. This kind of competence is needed at all levels of managers in the agency, not simply in the director's office or in an office of statistics and program evaluation.

THE OFFICE OF STAFF DEVELOPMENT

There are many possibilities for the title and structure of a central office of staff development within a state mental health or mental retardation program. These will depend on the managerial philosophy of the program, the objectives for the office and the scope of staff development concern in the agency. The older title was something like "Office of Training" or "Office of Professional Training." The newer terminology is likely to be "Staff Development" or "Manpower Development" to reflect the wider concern with all levels of workers and including managerial and supervisory training for program development and management.

Organizational Position

Common organizational structures place the training office under the personnel office or alongside the personnel office under a director of administration. (See Figure 1.)

If the function is conceived to be for professional or technical education only, the office of training is sometimes placed under the director of professional services. This

usually leaves out orientation programs and managerial staff development and often in-service programs. (See Figure 2.)

Figure 1.

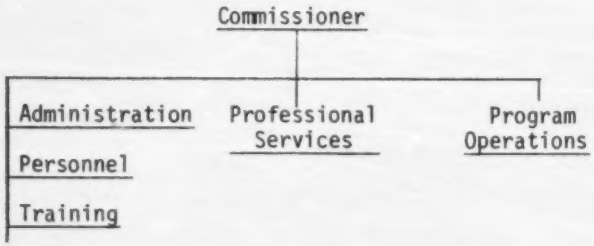
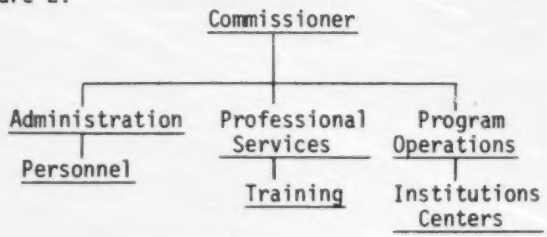


Figure 2.

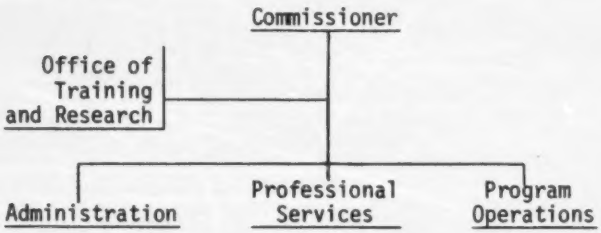


In any of these positions the staff development office is seen in a staff relationship, not a line relationship to the operating programs.

A common pattern at one time was to have an office of training and research in a separate box indicating a staff function quite unrelated to the line operations. This arrangement was especially likely when there were "institutes" or "centers" or separate funds for "training and research." (See Figure 3.) However, this is much less likely when the

training function is related to the entire mental health or mental retardation program.

Figure 3.

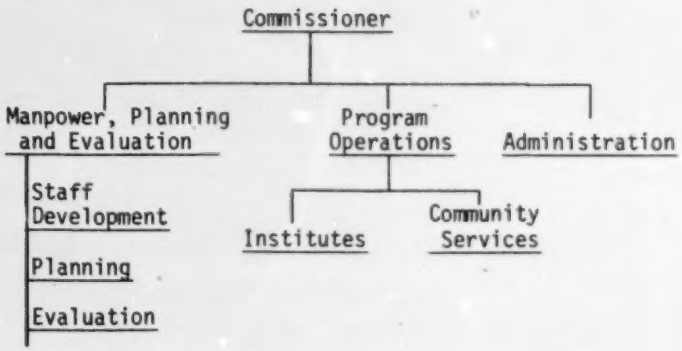


Today there is a tendency to establish an office of manpower, planning and evaluation--sometimes called "Office of Program Planning and Development"--as one of the major units of the program. (See Figure 4.) This is especially likely in a program that sees manpower development or staff development as a major function of management. Even if these three activities are divided into three separate offices, these persons are still considered part of the management team and participate in policy planning and decision making.

This is a point to consider regardless of the organization chart. The management team or "executive committee" of the department may well include persons from different levels of the organization chart so that the staff development officer may be a functional member of the management team wherever his office appears on the organization chart. This decision, of course,

will rest on the management philosophy and objectives of the program director.

Figure 4.



Relationships Within the Agency

How does a central office of staff development relate to other parts of the agency, especially the professional consultants and the operating units such as the mental hospitals, schools for the retarded and mental health centers? This will vary, but the trend is for the specialty consultants to become consultants to the staff development office in matters of their professional expertise, just as they are consultants to the institutions or centers. In some cases they may retain responsibility for their respective training programs but clear their policies, budgets, contracts, etc., with the staff development office.

The relationship to the line operations--the hospitals or schools--is that of staff. Staff development's recommendations and procedures officially are directed to the institutional superintendent who decides how he wants to use them. Even if he agrees to delegating most of this relationship to the institution's staff development office, the superintendent should be kept informed of all major decisions and activities.

An arrangement that seems especially useful is to have an institutional staff development officer in each institution to be responsible for the coordination of local staff development operations in cooperation with the state office. There may be a departmental staff development committee made up of the staff development persons from each of the operating programs and from the central office to meet regularly--perhaps monthly--for planning and coordinating programs. In this kind of a situation the central office and the statewide committee are responsible for planning and development and technical assistance, while the institutional offices of staff development are responsible for local programming and operations.

The mental health centers are often autonomous from the department's direct operations; however, they are very much involved in staff development activities and will generally welcome consultation and assistance from the central office. They may also have a person who is responsible for staff development who should be on the statewide staff development

committee or perhaps on another statewide committee concerned exclusively with community centers and their programs of staff development.

Relationships Between Staff Development and Psychiatric Institutes or Mental Retardation Centers

In states that have special psychiatric or mental health institutes, or mental retardation centers that have a primary commitment to training, the staff development office of the central office may actually operate the institute or center, or it may have only a close functional relationship. (See Figure 5.)

Figure 5.

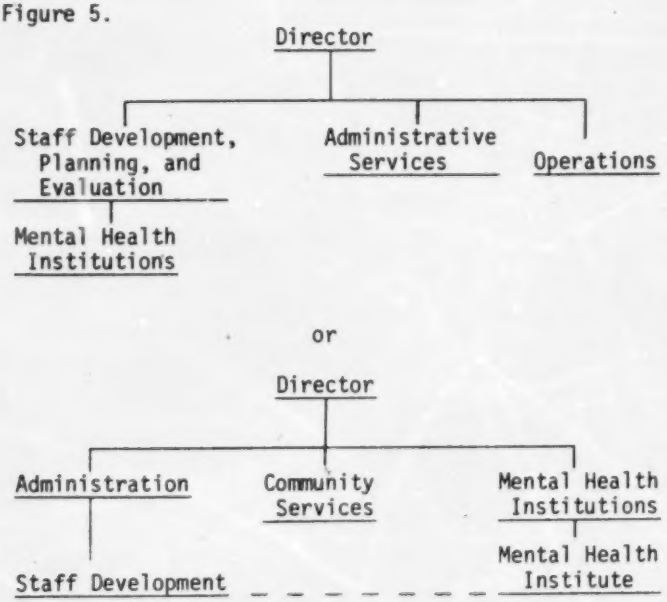
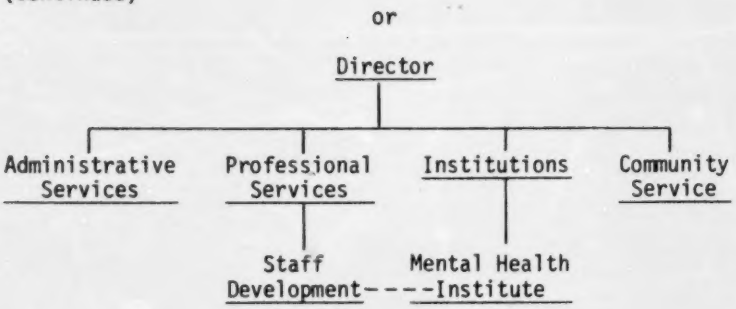


Figure 5.
(Continued)



A close functional relationship between staff development and the institutes or centers is desirable in any case in order to bring the training programs of the institute in close relationship with the objectives and program operations of the department. In the past the institutes have generally been quite independent of the state agencies which have established and supported them. They have been primarily sensitive to the training needs and goals of the professions rather than to those of the state agencies--sometimes to the extent of producing professionals who were openly hostile to the state program. There needs to be some solution of this issue so that the training programs of the institutes can meet the objectives of both the state agency and the various professions.

The director of the institute should surely be a member of the state staff development committee. The facilities and resources of the institute may be available to assist staff

development (i.e., libraries, videotape preparation, visual aids, etc.) and the policies and procedures of the institute (i.e., regarding stipends, consultant fees, etc.) should be consistent with those of the state agency. These relationships and expectations should be defined by the director, for it is an area of considerable conflict if the expectations and relationships are vague and subject to misunderstandings based on differing philosophies and expectations.

Relationships to Other Agencies

The staff development office of the state mental health or mental retardation agency will generally be in close liaison with certain other agencies of state government. Among them are:

1. The manpower and staff development office of any umbrella agency such as a department of human resources or a department of health and rehabilitative services-- Some of these agencies are primarily holding company operations and exercise little developmental initiative. But in any case, the staff development office of the mental health or mental retardation agency will do well to take the initiative in relation to programs which lie within its own agency. Such initiative is likely to be appreciated by the larger agency and these programs may be adopted as policy for the entire larger agency. These guidelines for a staff development office would be just as appropriate for the umbrella agency if that is where the initiative lies.

2. The state personnel and merit systems which are also concerned with manpower and training--It may be developmentally important to have persons from these state agencies involved in major planning sessions for new program developments, for they will probably have to ultimately approve the plan, and such approval will come faster and easier if they have been involved in the planning. Also if they are aware of the agency's staff development efforts they are more likely to agree to personnel reclassifications, etc., that may be required as a result of training activities.

3. State boards of education and boards of regents which control or coordinate the post high school training programs of technical centers, junior colleges, colleges and universities

4. The various professional associations and state licensure boards of the major professions related to the department's program (i.e., nursing, medicine, social work, special education)

5. The departments of budget and administration--Here too it will be well to include representatives of these agencies on major program planning so that they will more readily understand and give their approval for new funding or for funding changes.

Staffing

The staffing of a state staff development office will vary with the size of the program, the scope of objectives and the managerial philosophy of the agency. Obviously if the office is to include all the functions listed previously for a full range of staff development programs, there will have to be a staff of four to five persons and a rather considerable budget. However, even one person with a secretary could do a great deal to coordinate and strengthen staff development activities throughout the agency.

The question arises of what the professional discipline of the staff development officer should be. There is presently a great deal of variation with most being either personnel men, educators or mental health professionals. In states in which the training office function is largely that of professional education, it is likely to be a mental health professional, especially a psychiatrist or a psychologist. As one looks at

the broader role of a staff development office, it appears that the crucial element is to have a person who is a good administrator of all of the many functions. In general this competence is more likely to be found in educators or personnel men, but where it also exists in a mental health professional this is an added advantage. There has been a definite tendency for mental health professionals in such positions to become personally involved in certain technical aspects of professional training (such as training of psychiatric residents) and to have little time left over for the broader job.

Salaries vary greatly according to the professional background and experience of the incumbents. This will also depend on the scope and function of the office in any particular agency.

The total budget will similarly vary according to the scope and philosophy and according to whether the costs of things such as film libraries, videotape technicians, etc., are charged to this office or to other budget items.

Because each of the states and each program is different, it is neither possible nor desirable to offer a template for all staff development offices; yet it appears that there are several concepts that are common to all. These we have attempted to set down in this report for whatever use they may be.